

TMI-109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Y. SHIBUSAWA et al

Serial No. 10/004,825

Group Art Unit: 2124

Filed: December 7, 2001

Examiner: L. SHRADER

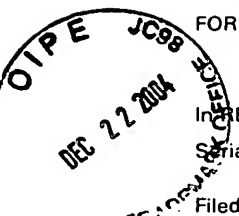
For: PRINTER AND CONTROL PROGRAM PRODUCT THEREFOR

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 23,  
2004, please amend the above-identified application as  
follows.



FORM PTO-1083

PATENT

Case Docket No. TMI-109

In RE application of Y. SHIBUSAWA et al

Serial No.: 10/004,825

Group Art Unit: 2124

Filed: December 7, 2001

Examiner: L. SHRADER

For: SOFTWARE INSTALLING METHOD AND SYSTEM

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 8	Minus	** 20	=	0
Indep.	* 5	Minus	*** 5	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.
- ☐ A check in the amount of \$ \_\_\_\_\_ is attached in payment of: \_\_\_\_\_.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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(703) 684-1120

Date: December 22, 2004

By:

  
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